



#8/A  
10-25-03  
B. Hilliard

Application Number : 09/930,800  
Applicant : Gordon James Yorke  
Filed : August 15, 2001  
TC/A.U. : 2171  
Examiner : Leroux, Etienne Pierre

Confirmation Number: 3560

Docket Number : OR02-13201  
Customer No. : 22,835

Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

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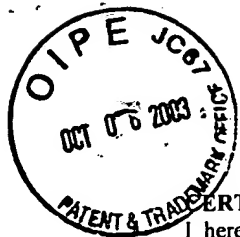
### AMENDMENT

Sir

In response to the office action of **August 25, 2003**, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.



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**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, PO Box 1450, Alexandria, VA , 22313-1450 on October 6, 2003

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**PATENT APPLICATION**

**Attorney Docket No. OR02-13201**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

IN RE PATENT APPLICATION OF )

Gordon James Yorke )

Serial No. 09/930,800 )

Filing Date: August 15, 2001 )

Title: SYSTEM AND METHOD FOR MANAGING )  
BI-DIRECTIONAL RELATIONSHIPS )  
BETWEEN OBJECTS )

) Examiner: Leroux, Etienne Pierre

) Group Art Unit: 2171

**AMENDMENT TRANSMITTAL LETTER**

Mail Stop: Non-Fee Amendment

Assistant Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed **August 25, 2003**.
- ☐ A petition for extension of time is also enclosed with a fee of **\$55.00** for a one-month extension for a small entity.
- ☐ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
  - ☐ check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
  - ☐ 2 certificates under 37 C.F.R. § 3.73(b).
- ☐ Information disclosure statement, form 1449 and \_\_\_ references.
- ☒ No additional claims fees are required.

[ ] An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
<b>TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT</b>					<b>\$0.00</b>

- [ ] A check in the amount of \$\_\_\_ is enclosed.  
[ ] Charge \$\_\_\_ to Deposit Account No. \_\_\_ (Docket No. \_\_\_).  
[x] Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. OR02-13201).

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Respectfully submitted,

By



Edward J. Grundler  
Registration No. 47,615

Date: October 6, 2003